U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Cnly

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

DR'	
1. File Number U - 10 15 8	2. Fiscal Year Covered From
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name RANOL SANTIAGO	Name PAINTERS AFLCIO LU12 CARPET & LINO
	Labor Organization File Number 516232
P.O. Box, Bldg., Room No., if any SUITE 106	P.O. Box, Building and Room Number, if any SUITE 106
Street 2102 ALMADEN ROAD	Street 2102 ALMADEN: ROAD
City SAN JOSE	City SAN JOSE
State California ZIP Code + 4 95125	State California ZIP Code + 4 95125
5. Position in labor organization. PRESIDENT	
Enter appropriate data below it, during the past tiscal year, you or you (except as specified in the	or spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organs. Name and address of Employer (including trade name if any).	th, or derived income or other economic benefit of
(except as specified in the A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name if any). Name	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organs. Name and address of Employer (including trade name if any).	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name if any). Name	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name if any). Name Trade Name, if any:	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organs. 6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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(except as specified in the A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been exemired by the signatory and is, to the best of the

Name of Person Filing	RAYNOL SANTIAGO	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organ zation represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your abor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name .	
Trade Name, if any:	a. Labor Organization * b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code - 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing
Name RESILIENT FLOOR COVERING PENSICN FUND	MEAL AND REIMBURSEMENT OF EXPENSES
Trade Name, if any:	
P.O. Box, Bldg., F.oom No., if any SUITE 300	
Street 985 ATLANTIC AVENUE	11.b. Approximate dollar value of such dealing. \$351
City ALAMEDA.	12.a. Nature of interest he c or income received.
State California ZIP Code + 4 94501	NONE
	12.b. Amount.

3.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any).		14.a. Nature of payment.	14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	